

EXHIBIT 1

ABSTRACT 616

Systemic Nanoparticle Albumin-Bound Paclitaxel (nab-Paclitaxel) for the Prevention of In-Stent Restenosis (SNAPIST-II): A Randomized Comparison of Single Dose and Single Dose Plus Repeat Dose at 2 Months

JE MacDonald^a, P Klinke^a, A Fung^b, D Ricci^b, C Suciu^c, F Ortan^c, M Ursu^c, B Mut-Vitcu^d, C Dima^d, I Benedek^e, T Hintea^e, R Capalneam^f, S Mof^f, M Dorobantu^g, S Balanescu^g, R Niculescu^g, J Margolis^h, R Waksmanⁱ, A Clawson^j, S Rush^j, N Desai^j, D Hilton^a

^aVictoria Heart Institute Foundation, Victoria, British Columbia, Canada, ^bVancouver General Hospital, Vancouver, British Columbia, Canada, ^cCardiovascular Diseases and Transplant Institute, Targu-Mures, Romania, ^dCardiovascular Diseases Institute, Timisoara, Romania, ^eEmergency Clinical County Hospital, Targu-Mures, Romania, ^fNiculae Stancioiu Heart Institute, Cluj Napoca, Romania, ^gEmergency Clinical Hospital, Bucharest, Romania, ^hMiami International Cardiology Consultants, Miami, Florida, ⁱWashington Hospital Center, Washington, DC, ^jAmerican BioScience, Inc., Santa Monica, California

Keywords: Restenosis, Coronary disease, Angioplasty, Drugs

Background: Safety of a single IV injection of nab-paclitaxel (ABI-007; CoroxaneTM) after de novo coronary stenting was established in SNAPIST-I (MacDonald, 2005). SNAPIST-II was initiated to compare the safety and efficacy of 1 versus 2 doses of nab-paclitaxel in patients with up to 2 stented lesions (≤ 25 mm length) in up to 2 de novo coronary arteries (≥ 2.5 mm diameter).

Methods: Patients were randomly assigned to IV treatment with either 1 dose of nab-paclitaxel 35 mg/m² immediately after successful, uncomplicated stenting or 1 dose at stenting plus a second dose 2 months later. Patients received aspirin and clopidogrel for 6 months. Primary endpoints were the safety of nab-paclitaxel and major adverse cardiac events (MACE: death, myocardial infarction [MI], coronary artery bypass grafting [CABG], target lesion revascularization [TLR], and target vessel revascularization [TVR]) at 2 months. Secondary endpoints were MACE and quantitative coronary angiographic (QCA) evaluation of restenosis at 6 months.

Results: Seventy-six patients (86% men, 11% with diabetes) aged 58 ± 10 years were enrolled. QCA at baseline (available for 75 patients, 81 lesions) showed reference vessel diameter 2.90 ± 0.54 mm, lesion length 10.16 ± 3.49 mm, and vessel minimum luminal diameter (MLD) 1.08 ± 0.47 mm pre-procedure and stent-MLD 2.77 ± 0.44 mm post-stenting. Only 1 serious toxicity (gastrointestinal bleeding) was considered possibly related to study drug. Most side effects were mild. No MACE were observed at 2 months; preliminary MACE at 6 months were TLR (6/73) and TVR (7/73). No patient died or had an MI or CABG on study. Treatment-related adverse events with a frequency of $\geq 3\%$ and MACE are reported for the two dose groups in the table below.

| | 1 Dose | 2 Doses | p value |
|---|-------------|-------------|--------------|
| No. of treated patients (n) | 38 | 38 | |
| Drug Safety (n=76) | | | |
| Nausea | 4(11%) | 1(3%) | 0.358 |
| Fatigue | 1(3%) | 3(8%) | 0.615 |
| Lymphopenia | 1(3%) | 2(5%) | >0.999 |
| Mild hair loss (scalp or body) | 2(5%) | 1(3%) | >0.999 |
| MACE 2 month (n=76) | 0/38 | 0/38 | |
| Preliminary MACE at 6 month (n=73) | 2/37 | 5/36 | 0.261 |
| TLR | 2/37 | 4/36 | 0.430 |
| TVR | 2/37 | 5/36 | 0.261 |

Conclusions: nab-Paclitaxel administered IV at 35 mg/m² (1 or 2 doses) appears to be well tolerated with no significant differences in drug safety. TLR/TVR rates were encouraging. Although not statistically significant, preliminary 6-month MACE data showed fewer TLR/TVR for the single dose group. However, this needs to be verified by QCA. Complete data including 6-month QCA for the two groups will be available for presentation.